

DEPARTMENT OF THE ARMY  
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER  
6900 Georgia Avenue, NW  
Washington, DC 20307-5001

WRAMC Regulation  
No. 40-35

19 April 2002

Medical Services  
**Confidentiality**

**1. History**

This policy is a revision of the previous policy. The changes have not been highlighted.

**2. Applicability**

This policy applies to all Walter Reed Army Medical Center (WRAMC) personnel having contact with patients and patients' records, patient care providers, and /or those individuals having access to clinical records.

**3. Purpose**

To guard the privacy of medical information and so protect the patient's right to privacy.

**4. References**

- a. AR 40-66, Chapter 2, Medical Record Administration, 3 May 1999.
- b. AR 340-17, Release of Information and Records from Army Files, 12 November 1986.
- c. Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manual for Hospitals (current edition).

**5. Explanation of terms**

All terms are self-explanatory.

**6. Responsibilities**

It is the responsibility of all WRAMC personnel to be aware of and support this policy. The Patient Administration Directorate and/or the Office of the Center Judge Advocate should be contacted for assistance in resolving any problems associated with confidentiality of information and release of information from medical records.

**7. Policy**

- a. Per AR 40-66, Chapter 2, within Department of the Army (DA), patient medical information and medical records may be used for diagnosis, treatment, and preventive care of patients. Patient medical information may also be used within DA to monitor the delivery of health care services, to conduct medical research, for medical education, to facilitate hospital accreditation, and for other official purposes. Unless otherwise authorized by law or regulation, no other person or organization will be granted access to patient medical information or medical records.
- b. Any discussion or consultation involving the patient's care must be conducted in a manner that protects the privacy and dignity of the patient. Each person has a professional and ethical obligation to keep information confidential and private; this includes not discussing a patient's care or condition in the dining facility, in the snack bar, or other public places within or outside the confines of the hospital.

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\*This regulation supersedes WRAMC Regulation 40-35, 10 JUN 99.

c. Requests for written or verbal release of medical information will be referred to the Special Actions Branch, Patient Administration Directorate, Room 2D03, 782-6134/6135. This includes any requests by patients for copies of medical reports/records, whether inpatient or outpatient. After duty hours, requests will be referred to the NCOIC, Admissions Office, Room 2D03, 782-6139/6140.

d. Any requests for information on a patient by the Press, to include newspapers, radios or television will be referred to the Public Affairs Office. After duty hours, the point of contact for Public Affairs is accessible through the Administrative Officer on Duty (AOD), 782-7309.

e. Any person who, without proper authorization, discloses a patient's medical information or medical record may be subject to adverse administrative action or disciplinary proceedings.

f. Patient names and diagnosis, patient names and Social Security Number, or Social Security Number and diagnosis should never appear together on unsecured documents or media.

g. It may be possible to eliminate patient sign-in rosters in clinics by having the clerk enter the required data directly into the computer (ensuring that the screen is turned to prevent unauthorized viewing) or by having the patient fill out an individual demographic information sheet, which is then protected as confidential. At the very least, the absolute minimum necessary information should be listed on documents that are available to the public.

h. Any computer screens that display patient sensitive information should be turned away from public areas. Any display that cannot be made private should be used as infrequently as possible, consistent with good patient care, and should never be left in a "logged on" status.

i. Charts and records for patients should be kept in a secured area or placed in such a manner that patient data are not visible to unauthorized personnel.

j. Status or census boards on wards are effective means of communication between health care team members but they should have the minimum necessary information displayed on them consistent with good patient care. Patient name, room number, team identity are acceptable and required to minimize medication errors, mistakenly identified patients, or other errors that could seriously affect our patients. The use of more information must be analyzed for its potential for improving patient care but decreasing patient privacy.

k. E-mail pertaining to patients must not be sent over the Internet in an open format but can be used within the hospital on password protected systems such as Composite Health Care System (CHCS). When used, these messages should be "closed" and sent to as few recipients as is necessary (on a "need to know" basis). All members of the health care team must cooperate in preserving the confidentiality of these documents.

l. With documented permission from the patient, a provider may exchange patient specific clinical information with that individual over the Internet.

m. Open medical records exist in two formats, Clinical Information System (CIS) and the hard copy. Electronic patient records are kept only on secure electronic systems that require passwords for access. Personnel should "log off" when they are no longer actively using the system. The hard copy of patient records should be in the custody of the health care team or the patient and protected from unauthorized access. All members of the health care team must cooperate in maintaining the security of these records.

n. All members of the health care team must be constantly vigilant to avoid discussing identifiable patients in public areas. Patients should not be discussed in the elevator or other public places.

**The proponent agency of this publication is the office of the Directorate of Patient Administration. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-PAD, 6900 Georgia Avenue, NW, Washington DC 20307-5001.**

FOR THE COMMANDER:

OFFICIAL:

JAMES R. GREENWOOD  
COL, MS  
Deputy Commander for  
Administration

A handwritten signature in black ink, appearing to read 'ERIK J. GLOVER', with a large, stylized flourish extending to the right.

ERIK J. GLOVER  
MAJ, MS  
Executive Officer

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